

RECORD WILL BE MADE WITHIN 5 DAYS AFTER BIRTH.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	140	State Index No. <u>513</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. <u>275</u>	Local Registrar's No. _____
Town of <u>Miami</u>	or _____	St. _____	Ward _____
City of _____	(No. _____)	St. _____	Ward _____
FULL NAME OF CHILD <u>Antonia Garcia</u>		Born <input checked="" type="checkbox"/>	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive <input checked="" type="checkbox"/>	NO
Sex of Child <u>Female</u>	Twin, Triplet or other _____	and _____	Number in order of birth <u>1</u>
Legitimate? <u>yes</u>	Date of Birth <u>Aug 31</u> 191 <u>6</u>	(Month) (Day) (Yr.)	
FATHER		MOTHER	
Full Name <u>Tommy Garcia (deceased)</u>	Full Maiden Name <u>Filomena Suarez</u>		
Residence _____	Residence <u>Miami, Fla.</u>		
Color or Race <u>White</u>	Age at last Birthday _____ (Years)	Color or Race <u>White</u>	Age at last Birthday <u>29</u> (Years)
Birthplace <u>Lugo, Spain</u>	Occupation _____	Birthplace <u>Brieda, Spain</u>	Occupation <u>House wgs</u>
Number of child of this mother... <u>1</u>	Number of children, of this mother, now living... <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>Aug 31</u> 191 <u>6</u> , at <u>8:30 A.M.</u>			
{ *When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>Chas. M. D.</u>	(Attending physician, midwife, householder. *)
Given or christian name added from a supplemental report _____ 191 <u>6</u>		Address <u>Miami, Fla.</u>	
171-831-639		LOCAL REGISTRAR.	
COUNTY REGISTRAR.		Filed <u>Sept 5</u> 191 <u>6</u>	Filed <u>Oct 10</u> 191 <u>6</u>
		A True Copy	COUNTY REGISTRAR.